



The Commonwealth of Massachusetts
Division of Professional Licensure

239 Causeway Street □ Boston, MA 02114

www.state.ma.us/reg/boards

Board of Radio and Television Technicians
(617)727-4459

OFFICIAL USE ONLY

Fee _____

License No. _____

Issue Date _____

Application for A Learner's Permit

Application Shall Be Typewritten or neatly Printed In Ink.

Attach a **certified check** or **money order** for \$14.00 payable to the **Commonwealth of MA**. DO NOT SEND CASH

I _____ hereby make an application for a Learner's Permit
(Applicants' full name)

Having residence at _____ Street,
(No. and Street)

(City or Town) (State) (Zip code)

Telephone Number

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

SSI # or Federal ID

Date of Birth

--	--	--	--	--	--	--	--

Month Day Year Place of Birth _____

Pursuant to M.G.L c. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

1. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed?
Yes _____ No _____
If yes, please state the details (use a separate sheet if necessary):

2. Is there any pending indictment or criminal complaint pending against you in court? Yes _____ No _____
If yes, please state the details (use a separate sheet if necessary):

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for permit is truthful and accurate. **I understand that the permit issued is only valid while under the employ of the signing Master Technician. Re-application will be required under new employment.**
I further attest that, pursuant to M.G.L.c.62C, s. 49A, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of Applicant

Date

CERTIFICATE OF MASTER TECHNICIAN

Company Name _____

Company address _____
(No and Street) (City) (State) (Zip code)

Tel. No. (_____) _____ License No. _____

I _____, of _____ Street,
(Master Technician) (No. and Street)

(City or Town) (State) (Zip code)

Do solemnly swear (affirm) that _____ is employed by me and
(Name of applicant)

is working directly under my supervision. I will be jointly responsible with him/her for any work done under my employ and I will notify the Board in the event of the employee's termination.

Please have a Public Notary Sign and affix Seal Below

Subscribed and sworn before me this _____ day of _____ 19 _____

(Notary Public) Notary Seal

Commission expires _____